

**CITY OF MT. VERNON
CERTIFICATES OF INSURANCE REQUIREMENTS
MINIMUM INSURANCE REQUIREMENTS**

THE FOLLOWING DOCUMENTATION TO BE REQUESTED OF VENDORS PERFORMING WORK
OR PROVIDING SERVICES FOR THE CITY OF MT. VERNON

(1) CERTIFICATE OF INSURANCE MUST INCLUDE THE FOLLOWING:

- a) CITY OF MT. VERNON AS CERTIFICATE HOLDER.
- b) SPECIAL CONDITIONS – THE CERTIFICATE HOLDER, CITY OF MT. VERNON, ITS SUBSIDIARIES, AFFILIATES, SPONSORS AND ASSIGNS ARE ADDITIONAL INSURED UNDER THE ABOVE-REFERENCED GENERAL LIABILITY POLICY FOR SERVICES RENDERED OR PERFORMED. PLEASE REFERENCE DESCRIPTION OF JOB!! VERY IMPORTANT.
- c) CERTIFICATE OF INSURANCE TO DETAIL LIMITS, POLICY NUMBER, POLICY DATE AND CARRIER FOR WORKERS COMP, AUTO, GENERAL LIABILITY AND UMBRELLA
- d) Also if having to do with River Days, name them also as additional insured for Liability for that event.

(2) MINIMUM ACCEPTABLE LIMITS ARE:

- a) **WORKERS COMPENSATION**
 - 1) BODILY INJURY BY ACCIDENT \$100,000 EACH ACCIDENT
 - 2) BODILY INJURY BY DISEASE \$500,000 POLICY LIMIT
 - 3) BODILY INJURY BY DISEASE \$100,000 EACH EMPLOYER
- b) **AUTO**
 - LIABILITY-COMBINED SINGLE LIMIT \$1,000,000
 - FOR BODILY INJURY AND PROPERTY
 - DAMAGE OR HIRED & NONOWNED
- c) **GENERAL LIABILITY** \$2,000,000
 - GENERAL AGGREGATE LIMIT (OTHER
 - THAN PRODUCTS COMPLETED OPERATION)
 - PRODUCTS COMPLETED OPERATIONS \$2,000,000
 - AGGREGATE LIMIT
 - PERSONAL & ADVERTISING INJURY LIMIT \$1,000,000
 - EACH OCCURRENCE LIMIT \$1,000,000
 - FIRE DAMAGE LIMIT \$ 100,000
 - MEDICAL EXPENSE LIMIT \$ 5,000
- d) **UMBRELLA** \$1,000,000

PLEASE FORWARD DOCUMENTATION TO:

OLD NATIONAL INSURANCE
DEBBIE CHASTAIN
P.O. BOX 968
EVANSVILLE, IN 47708
812-465-8809
812 461-9008 FAX
Debbie.Chastain@oldnationalins.com

CITY OF MT. VERNON
SHERRY WILLIS
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